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February 24, 2004

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> Zev Yaroslavsky Third District

Don Knabe Fourth District

Michael D. Antonovich Fifth District

TO:

Each Supervisor

FROM:

Thomas L. Garthwaite, MD

Director and Chief Medical Officer

SUBJECT:

DHS PERFORMANCE MANAGEMENT PROGRAM

The Department is making steady progress in implementing our comprehensive DHS performance management program. In July 2003, I shared with you a list of performance measures that the Department had developed. These measures will be used to monitor and track improvements in the quality, access, and operational efficiency of the care we deliver. They will also monitor the quality of work life for our employees. The first quarter baseline data collection has now been completed (see Attachment I).

We will continue to collect this data and over the next several quarters, expect to show improvement in most of the measures. We will also compare DHS data with national benchmarks. In addition, we will continue to develop new measures and methods for collecting the most meaningful data. This will focus the Department on our most important tasks. Managers will reflect the improvement of specific measure outcomes in their MAPP goals.

We encountered significant issues with collecting accurate data. Much of the difficulty was due to the variability in information systems capability across DHS facilities, and the fact that each DHS hospital has its own procedures for recording visits and medical information. As we continue to move toward system-wide data gathering, analysis, and daily use, we expect these issues to be resolved.

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I look forward to providing you with additional updates on our progress in improving care in our system.

If you have any questions or need additional information, please let me know.

TLG:id

Attachments

c: Chief Administrative Officer County Counsel Executive Officer, Board of Supervisors

## **DHS SUMMARY PERFORMANCE MEASURES**

Baseline Results (July - Sept. 2003)

| Performance Measures   | Baseline<br>Percent |
|--|---------------------|
| QUALITY OF CARE  | RVA TO THE          |
| <ol> <li>Percent who received a HbA1C test in the past 6 months among adults ages 18 and over<br/>diabetic patients with 3 or more outpatient visits in the past year</li> </ol> | 63.3%               |
| 2. Distribution of HbA1C test results among adults ages 18 and over diabetic patients with 3 or more outpatient visits in the past year and a HbA1C test in the past 6 months    |                     |
| < 7%   | 38.8%               |
| 7% - 7.9%  | 19.1%               |
| 8% - 8.9%  | 14.0%               |
| 9% - 10.9%   | 17.1%               |
| 11%+   | 11.0%               |
| <ol> <li>Percent who received a retinal exam<sup>1</sup> in a DHS facility among adult diabetic patients with 3 or<br/>more outpatient visits in the past year</li> </ol>        | 37.9%               |
| 4. Percent who received a LDL Cholesterol test in the past 12 months among adults ages 18 and over diabetic patients with 3 or more outpatient visits in the past year           | 57.2%               |
| 5. Distribution of LDL test results among adult ages 18 and over diabetic patients with 3 or more outpatient visits and LDL Cholesterol test in the past 12 months               |                     |
| <100 mg/dL   | 57.8%               |
| 100-129 mg/dL  | 22.9%               |
| 130-159 mg/dL  | 12.8%               |
| >=160 mg/dL  | 6.5%                |
| 6. Percent of asthmatic children ages 0-17 with at least 3 outpatient or emergency department visits and a subsequent DHS admission for asthma                                   | 5.9%                |
| 7. Percent of asthmatic children ages 0-17 with at least 3 outpatient or emergency department<br>visits and a subsequent DHS emergency department visit for asthma               | 14.0%               |
| 3. Percent of asthmatic adults ages 18 and over with at least 3 outpatient or emergency department visits and a subsequent DHS admission for asthma                              | 9.3%                |
| 9. Percent of asthmatic adults ages 18 and over with at least 3 outpatient or emergency department visits and a subsequent DHS emergency department visit for asthma             | 13.4%               |
| 10. Percent who were prescribed ACE inhibitors at or before discharge among eligible congestive heart failure inpatients   | 94.0%               |

| 11. Percent of Cesarean Section births among primary singleton live births  | 33.3%       |
|---|-------------|
|   | 33.378      |
| 12. Percent with documentation of site verification in chart among Operating Room patients  | 100 000 000 |
| receiving left-right specific surgery <sup>2</sup>  | 67.1%       |
|   |             |
| 13. Percent of children with up-to-date vaccinations at 12 months of age  | 67.5%       |
|   |             |
| 14. Percent of children with up-to-date vaccinations at 24 months of age  | 57.7%       |
| ACCESS TO CARE  |             |
| 15. Percent leaving before seen by a provider among adult emergency department patients who have been triaged                       | 15.0%       |
| 16. Average number of emergency department patients waiting for an inpatient bed at 11 p.m. each night <sup>3</sup>                 | 5           |
| OPERATIONAL EFFICIENCY  |             |
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| 17-1. Average cost per discharge⁴   | \$11,440    |
|   |             |
| 17-2. Average cost per inpatient day  | \$2,001     |
| 18-1. Percent of approved Medi-Cal accounts that are unbilled over 150 days from inpatient and                                      |             |
| outpatient discharge  | 33.2%       |
| Inpatient   |             |
| Outpatient  | 64.8%       |
| 18-2. Percent of Medicare accounts that are unbilled over 150 days from inpatient and outpatient discharge                          |             |
| Inpatient   | 39.2%       |
| Outpatient  | 68.9%       |
| 19. Percent of denied days identified as controllable among selected full-scope Medi-Cal Treatment Authorization Requests processed | 18.8%       |
| Admission denial  | 14.3%       |
| Level of care not justified   | 25.9%       |
| •   | 28.5%       |
| Delay in providing services   |             |
| No authorization  | 6.6%        |
| 20. Percent of DHS hospital births registered within 10 days of birth   | 37.8%       |
| 21. Hospitals that include DRG with inpatient HL7 Transmissions to DHS Data Repository  | 100%        |

| 22. Percent that include DRG among all inpatient HL7 Transmissions to DHS Data Repository<br>System within 30 days of discharge   | 72.1%                                    |
|---|--|
| 23. Percent of discharge summaries available electronically within 30 days of discharge <sup>5</sup>  | 83.4%                                    |
| QUALITY OF WORK LIFE  | a en |
| <ol> <li>Percent with Performance Evaluation (PE) completed<sup>6</sup> by filing date among all DHS<br/>employees who had a PE due during July - September 2003</li> </ol> | 61.6%                                    |
| 25. Percent of accepted licensed nursing positions with DHS among all graduating DHS student nurses   | 22.4%                                    |
|   |  |
| 26. Nurse retention among RNs & LVNs hired during 10/1/1998 - 9/30/2003   | 64.2%                                    |

- 1. Any visit to an opthalmology, optometry, or eye clinic was assumed to include a retinal exam.
- 2. A sample of charts were selected for review using JCAHO sampling guidelines.
- 3. Received data from Harbor/UCLA, MLK/Drew, and Olive View/UCLA.
- 4. Rancho Los Amigos is excluded.
- 5. Only two facilities (Harbor/UCLA and Rancho Los Amigos) are currently posting discharge summaries electronically. The percentage shown is for those two facilities only.
- 6. Completed and entered into HR computer system.